

ORIGINAL VEHICLE DEALER LICENSE APPLICATION

DEPARTMENT USE ONLY

License Number	
Approved by	Date
Regular Plates THRU	
Cycle Plates THRU	

READ THE INSTRUCTION BOOKLET BEFORE COMPLETING THIS FORM

1. **BUSINESS NAME** (Include any assumed names or corporation names)

2. **BUSINESS LOCATION** - NOTE: RR or PO Box numbers alone will not be accepted. The actual location must be identified.
(Street) (City) (County) (Zip)

3. **BUSINESS TELEPHONE**

Telephone () Fax () E-Mail Address:

4. **BUSINESS TYPE** (Check only one)

- ☐ Individual Owner (one person or husband and wife) ☐ Partnership (two or more persons or husband and wife) ☐ Corporation ☐ Limited Liability Company

5. **LICENSE CLASSIFICATIONS** (Check appropriate box or boxes)

- ☐ CLASS A - New Vehicle Dealer ☐ CLASS F - Vehicle Scrap Metal Processor
Type of scrap processing to be used: _____
- ☐ CLASS B - Used Vehicle Dealer
- ☐ CLASS C - Used Vehicle Parts Dealer ☐ CLASS G - Vehicle Salvage Pool
- ☐ CLASS D - Broker (Not compatible with Classes A or B) ☐ CLASS R - Automotive Recycler
- ☐ CLASS E - Distressed Vehicle Transporter ☐ CLASS W - Wholesaler

6. **CONTRACT OR FRANCHISE AGREEMENT** (Class A only)

7. **BUSINESS DAYS AND HOURS** (Class A & B dealers require a minimum of 30 hours of operation per week)

8. **OWNERS, PARTNERS, CORPORATE OFFICERS, AND DIRECTORS**

FULL NAME	HOME ADDRESS (Street)	(City/State/Zip)	Social Security Number	BIRTHDATE
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FULL NAME	HOME ADDRESS (Street)	(City/State/Zip)	Social Security Number	BIRTHDATE
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9. **SERVICING FACILITY REQUIREMENT** (Classes A and B only)

- ☐ A completed Motor Vehicle Repair Facility Registration Application is enclosed.
- ☐ This business is currently a registered repair facility. REGISTRATION NUMBER: _____.
- ☐ This business has an agreement with a registered repair facility, a copy of which is enclosed. The servicing facility must be located within 10 miles of the dealership's established place of business.

10. **BUSINESS LOCATION DESCRIPTION**

Is this business location presently occupied by another licensed vehicle dealer?

☐ NO ☐ YES If YES, give dealer number and name:

Greatest number of vehicles you expect to have on hand at one time:

11. **DEALER PLATES AND FLEET INSURANCE** (Classes A , B and W only)

Number of REGULAR DEALER PLATES requested _____

Number of MOTORCYCLE DEALER PLATES requested _____

Total number of all DEALER PLATES requested _____

Attach a copy of your fleet insurance certificate. See Instruction Booklet, Item 11.

12. **FEES**

- | | | |
|---|---|----------|
| A. License fee - All classes except C and R | \$75.00 (\$37.50 from July 1 to December 31) | \$ _____ |
| | | OR |
| B. License fee - Class C and Class R | \$160.00 (\$80.00 from July 1 to December 31) | \$ _____ |
| C. Dealer plate fees (Class A, B, W)
(Class A & Class B require a minimum of 2 plates) | \$10.00 for each plate | \$ _____ |
| D. Fingerprint processing fees | \$54.00 for each applicant listed in Item 8 | \$ _____ |
| E. TOTAL FEES (A or B plus C and D above) | | \$ _____ |

13. **WORKERS' COMPENSATION INSURANCE** (Classes C and R only)

Check the appropriate box:

INDIVIDUAL OWNERSHIP:

- ☐ I/we are not required to have workers' compensation insurance

PARTNERSHIP, CORPORATION OR LLC:

- ☐ Attached is form MDL337, Notice of Exclusion. (To determine your eligibility for a form MDL337, contact the Michigan Department of Consumer and Industry Services at 517/322-1195.)
- ☐ Attached is a copy of a workers' compensation insurance certificate.

14. APPLICANT HISTORY

- A. Have any of the applicants listed in Item 8 been refused the issuance of a vehicle dealer, vehicle wholesaler, salvage dealer, salvage vehicle agent, or broker license or had a vehicle dealer, vehicle wholesaler, salvage dealer, salvage vehicle agent, or broker license revoked or suspended in Michigan or any other state?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

- B. Is any applicant listed in Item 8 related by birth or marriage to any currently or previously licensed Michigan vehicle dealer, vehicle wholesaler, broker, or salvage vehicle agent or was any applicant listed in Item 8 employed by or an agent for any dealer in Michigan or any other state within the past 5 years?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include dealer license number(s), if known.

- C. Have any of the applicants listed in Item 8 been arrested or convicted of a crime other than traffic violations within the past ten years?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) and complete details on a separate sheet. Include the arresting police agency, court of jurisdiction, and case number, if known.

- D. For each applicant listed in Item 8, list names, addresses, and telephone numbers of employers **for the past 5 years** other than the dealers listed above. Also, include the job title and dates of employment for each applicant. If an applicant was self-employed, list names and addresses of businesses and type of business. If unemployed, list name, "UNEMPLOYED", and dates of unemployment. Use a separate sheet, if necessary.

APPLICANT #1:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
APPLICANT #2:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
APPLICANT #3:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO
APPLICANT #4:		EMPLOYER NAME	
EMPLOYER ADDRESS		EMPLOYER TELEPHONE	
JOB TITLE		DATES EMPLOYED	
		FROM	TO

15. **SIGNATURES AND CERTIFICATIONS** (Each applicant listed in Item 8 must sign)

CAUTION: ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENT MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION OR SUSPENSION OR REVOCATION OF THE LICENSE ISSUED.

I/we hereby grant the licensing authority in any state or jurisdiction listed in this application authority to release information concerning any previous license applications, licensing history, and disciplinary actions or sanctions to the Secretary of State or his/her deputies.

I/we hereby grant any employers named in this application authority to release information concerning my/our employment history to the Secretary of State or his/her deputies.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, an established place of business. **For a class A & class B dealer an established place of business means the following:** The premises must contain a permanently enclosed building or structure either owned, leased, or rented by a dealer, which is not a residence, tent, temporary stand, or any temporary quarters; the building or structure is required to be continuously occupied in good faith for the purpose of selling, buying, trading, leasing, or otherwise dealing in motor vehicles; all books, records, and files necessary to conduct the business of a Class A or Class B dealer must be maintained in the building or structure; A building or structure housing an office of at least 150 square feet in size, equipped with standard office furniture, working utilities, a working restroom, and a working telephone listed in the name of the business on the dealer's license; Land space of no less than 1,300 square feet to accommodate the display of a minimum of 10 vehicles of the kind and type that the dealer is licensed to sell and an additional 650 square feet for customer parking.

The display and customer parking areas must be adequately surfaced and well lit during business hours; An exterior sign displaying the name of the dealership that is permanently affixed to the building or land with letters clearly visible from a highway identifies the premises; Conspicuous posting of the dealer's regular hours of operation. The posted hours must be not less than 30 hours per week; The premises must contain a registered repair facility on site for the repair and servicing of motor vehicles of a type sold at the established place of business, unless the dealer has entered into a written servicing agreement with a registered repair facility at a location not to exceed 10 miles distance from the established place of business. If repairs are conducted pursuant to a servicing agreement, the servicing agreement must be conspicuously posted in the office.

For other dealer classes an established place of business means the place actually occupied either continuously or at regular periods where books and records are kept and a large share of business is transacted.

I/we hereby certify that the business named in this application maintains, and will maintain once a license is issued, records as required by law, which may include a police book and vehicle parts purchase and sales records.

I/we stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

I/we hereby certify that the persons named in this application are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

If granted a Class A or Class B or Class W vehicle dealer license, I/we certify that I/we have and will maintain security for payment of benefits under personal protection insurance, property protection insurance, and residual liability insurance as required by Public Act 294 of 1972 (no-fault insurance) for as long as this license is in effect.

If granted a Class A, Class B, or Class D vehicle dealer license, I/we certify that I/we have and shall maintain a surety bond in the amount of \$10,000 (ten thousand dollars) for as long as this license is in effect.

I/we, the applicants named herein, hereby certify that the statements contained in this application are true to the best of my/our knowledge and belief.

Printed Name

Signature

Title

Date

Printed Name

Signature

Title

Date

Printed Name

Signature

Title

Date

Printed Name

Signature

Title

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